



The Journal

Vol. 26

No. 30

www.cnmc.navy.mil/bethesda/

July 31, 2014

Celebrity Chef Hosts Cooking Class at USO Bethesda



Photo by Julie Smith

Celebrity chef Carla Hall (left) hosts a cooking class July 21 at the NSAB USO Warrior and Family Center. Class participants Daniella Mestyaneck (center) and Midori Smith (right) look on as Hall gives instructions for a Dijon chicken recipe.

By Julie Smith
NSAB Public Affairs
staff writer

Celebrity chef Carla Hall visited the USO Warrior and Family Center at Naval Support Activity Bethesda (NSAB)

July 21 to share her cooking expertise with wounded warriors and military families.

The visit was the first stop on Hall's USO tour throughout the National Capital Region that also included appearances in

Virginia at Marine Corps Base Quantico and the USO Warrior and Family Center at Fort Belvoir.

Hall is co-host of the daytime television program "The Chew" and was a finalist in the fifth and eighth seasons of

"Top Chef," a competitive cooking show. A native of Tennessee, Hall attended Howard University in Washington, D.C., and currently resides in Maryland.

"I live near the old Walter Reed (Army

Medical Center), and I've been there before to visit service members," Hall said. "What I found so amazing is no matter what shape they're in, they're so giving and so caring, so it's easy to give back."

During the visit to NSAB, Hall hosted a cooking class for about 20 individuals, including Tiffany Smith, 15, and her mom, Midori Smith. The event was a

See **CHEF** Page 8

Where We've Been, Where We're Going

It has been approximately one year since we stood up the Navy's 21st Century Sailor Office. Bringing the various programs together under one umbrella has streamlined the process for establishing policies to better take care of our Sailors, their families and to build their resilience. We recognize that a lot of the issues we have in the Navy stem from interrelated destructive behaviors. Sharing information and prevention strategies under the purview of one office has made it easier to tackle each challenge and work towards eliminating destructive behaviors from our Navy.

I'd like to review the offices of the 21st Century Sailor and inform you of the progress we've made over the past year and what is planned for this upcoming year.

Sexual Assault Prevention and Response

We have focused on responding to and preventing sexual assault, ensuring we're training everyone to recognize what it is, how to prevent it, care for victims and hold offenders accountable. This year, we're zeroing in on bystander intervention, because regardless of what policies we write, our office won't be the one standing there when a Sailor is about to make a bad choice. However, one of his or her shipmates – one of you – will be there. We need Sailors to step in and help their shipmate – and this goes beyond just stopping a sexual assault. Bystander intervention can help prevent any number of destructive behaviors and decisions. Starting in August, we'll be providing a new skills-based bystander intervention training curriculum, to better enable all of us to effectively and safely intervene when needed.

Suicide Prevention

Suicide prevention is an all hands effort, all the time. Every life lost to suicide is one too many. The only number that counts in suicide prevention is zero. Navy Medicine began an initiative called 'Every Sailor, Every Day' which emphasizes leadership contact for every command mem-



ber, particularly those in the midst of professional or personal transitions. We're incorporating this initiative Navy-wide. Another initiative of this office has been the Operational Stress Control training that deploying units must receive within six months of deployment. Mobile training teams provide training to deploying carrier and expeditionary strike groups. Facilitators help Sailors and leaders regain and sustain their resilience and to get ahead of stress issues before they manifest themselves into destructive thoughts and acts.

Hazing Prevention

Commanders are taking hazing seriously. We're working to incorporate signature behaviors into existing training to assist in the prevention of destructive behaviors in the fleet. The office is developing an OPNAV instruction to further clarify and provide guidance on hazing and bullying.

Navy Alcohol and Drug Abuse Prevention

Navy has zero tolerance for drug use, including the use of designer and synthetic chemical compounds, such as Spice. In December 2013, we added testing for synthetic marijuana to the drug panel. NADAP introduced the 'Keep What You've Earned' campaign in 2013 which encourages responsible drinking among Sailors by celebrating the achievements in their naval career. Through recognition of their hard work and dedication, Sailors are reminded of their accomplishments — and how much they have to lose if they make a poor choice regarding alcohol.

Family Readiness Program

The Family Readiness Program enhances Sailor readiness and family preparedness by supporting the Sailor and their family. Our programs, policies and services continue to evolve to meet the needs of our Sailors and their families.

Rear Adm. Sean Buck
Director, Twenty-First Century
Sailor Office

Bethesda Notebook

Code Yellow Exercise

Walter Reed Bethesda will conduct a Code Yellow/Hospital Lockdown Exercise today during normal working hours. Code Yellow is used to notify personnel of an undetermined threat impacting the hospital. During the exercise, the hospital will not be physically locked and there will be no disruption to hospital operations. For more information, call Melissa Knapp at 301-319-4906. Questions may also be directed to Emergency Management at WRNMMC-OfficeofEmergencyManagement@health.mil.

Parking Note

The following changes will take effect Aug. 1:

- Bldg. 17 Garage
 - Blue and yellow placard holder reserved spaces (wounded, ill and injured (WII) and non-medical attendees (NMA)) will be moved to Bldg. 68 (Sanctuary Hall) garage on the first few levels.
- Bldg. 68 (Sanctuary Hall) Garage
 - Rainbow parking with any colored NSA Bethesda issued parking pass required until 2 p.m. each day.
 - Shared parking with WII and NMA.

If you have questions or need more information, please contact the NSAB Transportation Program Manager at 319-3818.

Pool Closure

The pool in Building 17 on Naval Support Activity Bethesda (NSAB) is closed through August 18 for maintenance and deep cleaning. For more information, call the Fitness Center at 301-295-2450.

Published by offset every Thursday by Comprint Military Publications, 9030 Comprint Court, Gaithersburg, Md. 20877, a private firm in no way connected with the U.S. Navy, under exclusive written contract with the Walter Reed National Military Medical Center, Bethesda, Md. This commercial enterprise newspaper is an authorized publication for members of the military services. Contents of The Journal are not necessarily the official views of, nor endorsed by, the U.S. Government, the Department of Defense, or the Department of Navy. The appearance of advertising in this publication, including inserts or supplements, does not constitute endorsement by the Department of Defense or Comprint, Inc., of the products or services advertised. Everything advertised in this publication shall be made available for purchase, use or patronage



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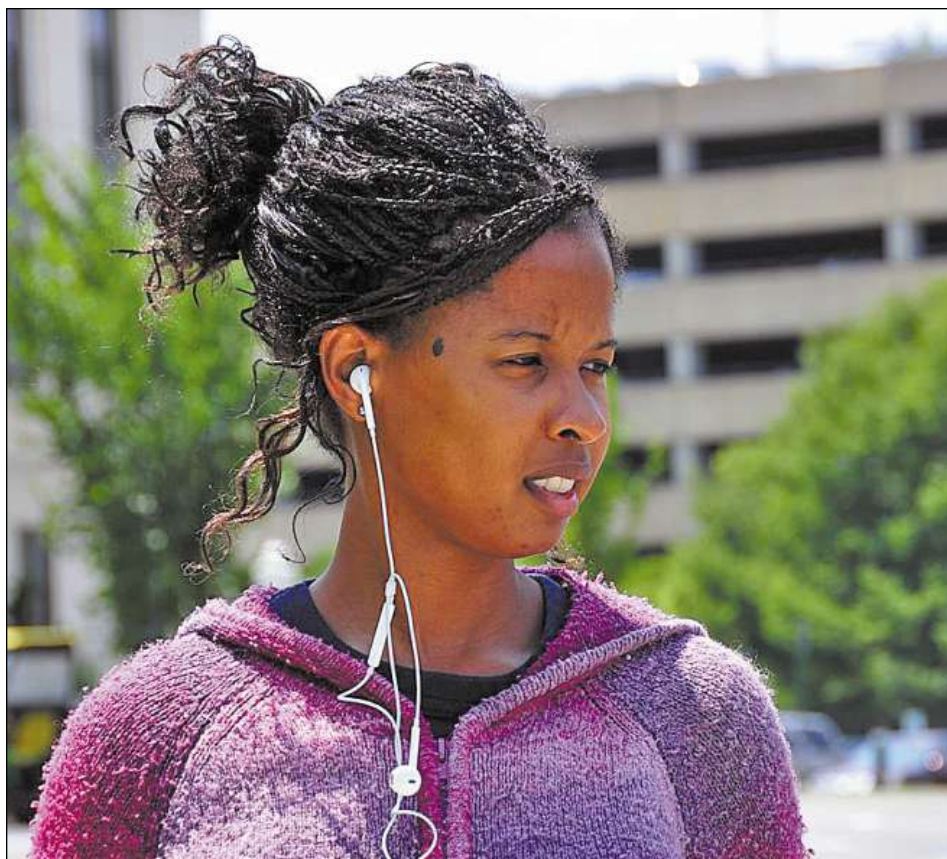
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Safety Practices at NSAB



Photos by Mass Communication Specialist 2nd Class Brandon Williams-Church

Command leadership wants to remind those living on, working on and visiting Naval Support Activity Bethesda that some practices on our streets are not safe. These include riding bicycles, skateboards, Segways or motorcycles without helmets, using headphones or ear buds — covering both ears, and failing to use designated crosswalks.



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KPMG Host Ice Cream Social at USO

July 29, 2014

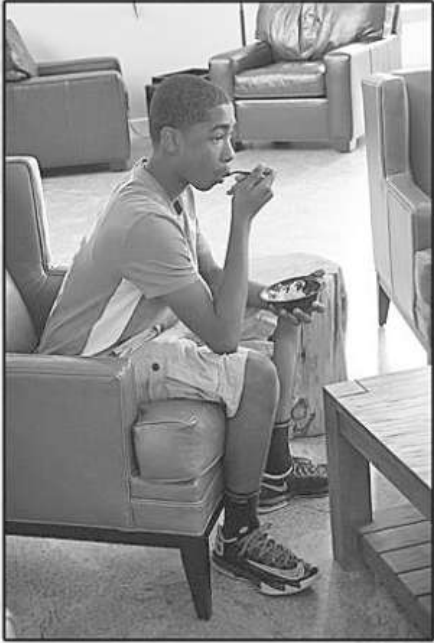


Photo story by Mass Communication Specialist 2nd Class Ashante Hammons

KPMG and Saint Germain Catering volunteers hosted an ice cream social to celebrate National Ice Cream Month at the USO Warrior and Family Center July 29. According to The International Dairy Foods Association, then-President Ronald Reagan in 1984 designated July as National Ice Cream Month and the third Sunday in July as National Ice Cream Day.



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NEX Bethesda Unveils WRNMMC Apparel

By Mass Communication Specialist 2nd Class Brandon Williams-Church
NSAB Public Affairs staff writer

If there's one thing that Naval Support Activity Bethesda (NSAB), Walter Reed National Military Medical Center (WRNMMC) and the Navy Exchange Bethesda (NEX) have in common, it's representing their patrons and providing superior care.

Recently, the NEX unveiled new WRNMMC apparel to further represent their patrons through different aspects of their lifestyle.

Products featured in the unveiling included sweat suits, golf shirts, blankets, rain coats, coffee cups, hats and bags.

"We feel a strong connection with NSAB and appreciate the great partnerships that have been cultivated throughout the command," said NEX Store Manager Robin Dale. "Carrying the Walter Reed Bethesda apparel is just another example of how we can provide premier customer service to the NSA Bethesda community."

NSAB Commanding Officer Capt. David A. Bitonti, WRNMMC Director Brig. Gen. Jeffrey B. Clark, NEX General Manager Rick Pimentel and Dale were among the distinguished guests who unveiled the new merchandise to the public.

Both Bitonti and Clark expressed their gratitude and excitement about having WRNMMC apparel alongside NSAB merchandise for the staff and visitors to take a piece of the base back home with them.

The real excitement of the day came when the NEX had its first customer for the new apparel show up right after the unveiling.

Retired Air Force Capt. Steven Hodgkins, now a patient at the hospital, was walking by the unveiling when he noticed the new gear. Hodgkins wanted to gather some things to remember his time at the hospital.

"I am indebted to the hospital from the corpsman to the teams of physicians for the remarkable care I received," said Hodgkins. "I just wanted to shop and get some mementos to remember my experience by."

Bitonti also emphasized the significance of the WRNMMC apparel line. "We are extremely excited to have these logo items available in our NEX Bethesda," said Bitonti. The opportunity to partner with Walter Reed Bethesda and NEX Bethesda, so that patients, their families, our staff and visitors can have a memento or souvenir of their time spent here on the installation or with one of our tenants is special. The quality and variety of the logo items is excellent and to provide this service is a privilege. We have worked very hard together with NEX Bethesda and Walter Reed Bethesda to design, procure and make these items available, and the response from everyone has been a resounding success. I especially want to thank everyone on the NEX Bethesda staff that worked so hard to ensure that we have good looking quality products for our patrons. These logo items allow us all to show our pride in where we work and what we do."



NEX General Manager Rick Pimentel (far left), WRNMMC Director Brig. Gen. Jeffrey B. Clark, NSAB Commanding Officer Capt. David A. Bitonti, Lisa Bitonti and NEX Store Manager Robin Dale hold up NSAB and WRNMMC shirts.



Photos by Mass Communication Specialist 2nd Class Brandon Williams-Church

Retired Air Force Capt. Steven Hodgkins looks at the new WRNMMC apparel at the Navy Exchange Bethesda.

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Raising Awareness About Craniofacial Disorders

**By Mass Communication
Specialist 2nd Class
Chris Krucke
WRNMMC Public Affairs
staff writer**

Health care specialists and families are joining forces to improve community awareness of craniofacial disorders (CFD).

"The whole purpose is to spread awareness that this is an issue in the United States and to improve prevention of craniofacial disorders across the nation," said Sylvia Hill, a registered nurse in the Plastic Surgery Clinic at the Walter Reed National Military Medical Center (WRNMMC). Hill is also the team coordinator of the craniofacial team.

According to Hill, there are about 7,000 infants in the United States who are born with CFDs every year.

"We have over 300 families enrolled here at WRNMMC. We get referrals from all over the world," she added.

A CFD is a congenital disorder, which means the child is born with it, and it is a birth defect above the shoulders.

"They can be oral and facial birth defects as well as the result of trauma, such as a burn or diseases that are acquired after birth. The most common is craniosynostosis. This happens when the plates that make up the skull close too early," Hill continued.

The National Cancer Institute also lists other common CFDs: microtia, an otia, the cleft lip and the cleft palate.

Microtia, the second most common craniofacial disorder, is a small or underdeveloped part of the face, usually the ears or the jaw.

Anotia is the absence of the external ears. This can be either partial absence



file photo

Hospital Corpsman 2nd Class Kevin Leyran holds his son, Kade, who received care at Walter Reed Bethesda for his cleft lip and to repair his palate. The corpsman and his family say they are grateful for the outpouring of support they have received from the medical center's craniofacial team.

of the ears or whole absence of the ears.

A cleft palate is where the roof of the mouth does not completely form and a cleft lip is where the lip does not completely form.

According to Hill, although doctors still are not exactly sure what causes CFDs, treatments are available, such as craniosynostosis surgery.

"Using Computed Tomography, or CT Scan, the doctors can precisely identify the structure of the skull and then design a specific helmet to conform to the child. It can be a soft helmet or hard, depending on the age and the condition of the child," Hill explained. The helmet is used to reshape the soft skull into the proper form over time by restricting develop-

ment in some places and allowing it in other areas.

Hill also explained that it was important to remember with treatment, the patient may have craniosynostosis, but not a cognitive defect and can live their lives as a normal adult.

Overall, WRNMMC's mission is to provide and coordinate comprehensive craniofacial patient care through a multidisciplinary team approach. WRNMMC craniofacial specialists tailor a unique plan of care for every child with an emphasis on providing all aspects of care to treat the whole child.

"We have a monthly clinic where families come in to see the caregivers for a one-on-one session. This way, every caregiver can see every patient. Later, we get together in a conference room and we discuss each patient and we make a plan for the next year for that patient," Hill said.

Having a child with a CFD can be stressful on the parents, she continued. "You have one side where you have nurturing parents and they take to the child regardless of the defect, and you have the other, parents that are a little standoffish due to the surprise and they are overwhelmed because of the situation. We try to give the family as much support as we can and try to get them plugged into all the services that are necessary and needed."

The craniofacial team at WRNMMC, as part of their 12-member staff, has a social services specialist as well as a child psychologist.

Social workers take a biopsychosocial approach to assisting these families. They act as advocates for families, liaise with the parent and the medical staff, connect

See SMILE Page 10

New Senior Enlisted Leader says, WRB is 'Family'



Photo by Sharon Renee Taylor

Command Master Chief Tyrone Willis, the new Senior Enlisted Leader for Walter Reed National Military Medical Center, says, "I don't say 'team,' I say, 'Walter Reed Bethesda family' — it's family."

**By Sharon Renee Taylor
WRNMMC Public Affairs
staff writer**

During a July 11 change of charge ceremony, Walter Reed Bethesda formally welcomed aboard Command Master Chief Tyrone Willis, as Senior Enlisted Leader for the medical center.

The master chief, who began his military career in 1985, and celebrated 20 years in the Navy on July 29, cites patient care as his "first love." Before he was a master chief and a petty officer, he was a hospital corpsman.

"I first worked in the emergency room," Willis recalled.

Trauma and the general patient care of sick call is where his heart is, the Senior Enlisted Leader explained. Even as a chief he administered shots and drew blood on the ship, most recently aboard the destroyer USS Ross while it was stationed in Norfolk, Va.,

where he served as Command Master Chief. "If there was a medical casualty, I was usually one of the first ones on the scene," he said.

His new position at Walter Reed National Military Medical Center (WRNMMC) is not Willis' first assignment to a joint or integrated facility. Serving on a total of six ships and eight duty stations, for nearly half his career the Sailor has accompanied the Marine Corps as part of the Fleet Marine Force or been stationed with them at assignments such as Camp Lejeune, N.C., and Quantico, Va.

In addition to his work with the Marines, he worked beside Airmen at Naval Hospital Okinawa, Japan, as well as Soldiers when he deployed to Expeditionary Medical Facility Kuwait.

Although Willis said he plans to lay out a formal proposal for enlisted service members at the nation's medical center for military medicine over the

next few weeks, he already has a focus.

Unity and teamwork have always been important, the Memphis, Tenn., native explained. It was in his hometown where Willis led the march as the drum major for his high school band, directing them when and what to play. He also sang in the choir.

"I never liked singing solo," he said. Willis explained he prefers to lend his tenor voice singing in a duet, trio or larger group. "I'm not a soloist at all." The runner even prefers to exercise in a group-setting.

"I don't say team, I say, 'Walter Reed Bethesda family' — it's family," he said.

What's the difference between a team and family?

"The difference between a team and family to me: family is closer," Willis explained. "The term 'teammate' is related to a season, an assignment or project, but family is forever."

American Red Cross – Comfort Cart

Volunteers Provide More Than Amenities to Patients



Photo by Beverli Alford

Red Cross volunteers Carey Elise Merriner and Fred Carr stock the Comfort Cart with amenities before they visit patients.

By Erin Raderstorf
WRNMMC Public
Affairs staff writer

Three hundred and sixty-five days a year, the American Red Cross supports patients and families at Walter Reed Bethesda (WRB).

Monday through Friday and most weekends, volunteers from the Red Cross operate Comfort Carts that visit all inpatient wards delivering amenities, but, most importantly, offering their time, encouragement, and support.

The Comfort Cart, stocked with toiletries, also includes comfort items such as adaptive clothing, backscratchers, movies and of course an abundance of cookies sure to make anyone's day.

The items on the Comfort Cart and amenities supplied by the Red Cross are meant to supplement what WRB already provides to patients.

Every volunteer stocks the Cart a little differently, carefully considering what items would best fit patients and families' needs for that day. Comfort Cart volunteer Carey Elise Merriner recalled the look of relief on a parent's face when she handed a child a coloring book or art clay. "It literally brings comfort in the sense that you're impacting how people feel in a moment that can be very harsh and intense," she explains.

"You know we have the usual, the little toothbrushes and toothpaste and razors and the little

simple things like that ... that's one part, but a lot of it is just talking to the patients or to their family members and talking to them about their situation," said volunteer Gene Healy.

Volunteer Dan Davis echoed his sentiment.

"You would be surprised how many people just want to talk," Davis added.

While shadowing Healy and Davis on their Comfort Cart round, a patient shared a story about his bowling triumph over the weekend, resulting in laughter enveloping the room.

"A lot of time it's just about talking in general how their family is or

See COMFORT Page 9

The Blinding Facts About UV Radiation

By Mass
Communication
Specialist 2nd Class
Chris Krucke
WRNMMC Public
Affairs staff writer

Preserving one's eyesight should be a top priority year-round, say Walter Reed National Military Medical Center (WRNMMC) health care providers.

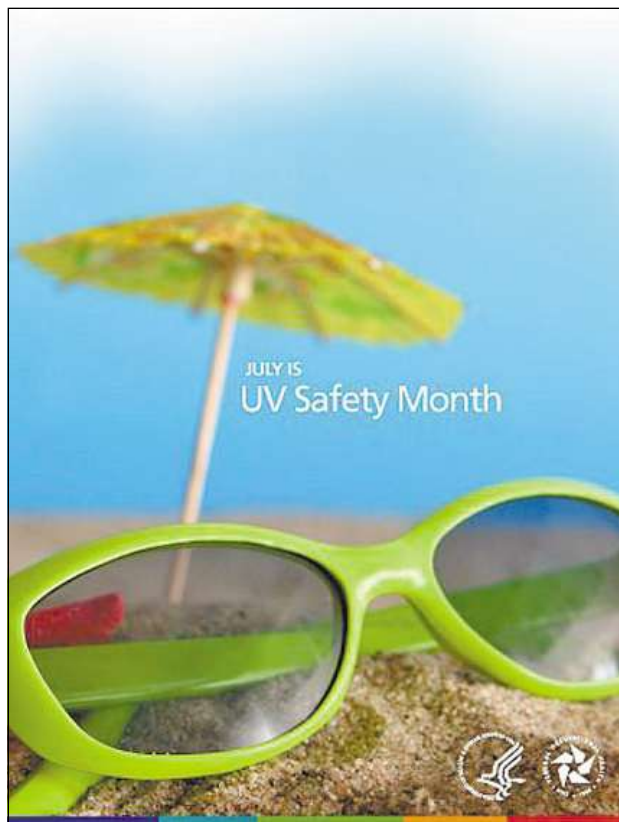
Ultraviolet (UV) rays are a leading factor in skin cancer in America, but UV rays are also a concern for optometrists.

Within the last year, Army Lt. Col. (Dr.) Kenney Wells, chief of Optometry Service at WRNMMC, said he has treated two cases of photokeratitis, which is like "sunburn of the eye," and cases of patients with vision changes, possibly related to overexposure to UV radiation.

The National Eye Institute defines UV rays as a component of the electromagnetic spectrum and a form of radiation

which is not visible to the human eye. While UV radiation is a component of solar radiation it can also be released by artificial sources like welding arcs, tanning beds and lasers. Additionally, there are three types of UV radiation: UV-C which is absorbed by the ozone layer and does not present any threat, and UV-A and UV-B radiation, which can have adverse long and short-term effects on the eyes and vision.

UV-related injuries depend on the severity of the exposure, Wells explained. If the eyes are exposed to excessive amounts of UV radiation over a short period of time, "you are likely to experience an effect called photokeratitis, which may be painful and include other symptoms such as red eyes, a foreign body sensation or gritty feeling in the eyes, extreme sensitivity to light and excessive tearing. Fortunately, this is usually temporary and



file photo

rarely causes permanent damage to the eyes," said Wells.

Wells added long-term exposure to UV radiation can be more serious.

"Research has shown

that exposure to small amounts of UV radiation over a period of many years increases the chance of developing a cataract and may cause damage to the retina, a

nerve-rich lining of the eye that is used for seeing. Additionally, chronic exposure to shorter wavelength visible light may also be harmful to the retina," he explained.

According to the Environmental Protection Agency (EPA), 22.3 million Americans have cataracts resulting in direct medical costs of \$6.8 billion annually.

"The longer the eyes are exposed to solar radiation, the greater the risk of developing conditions such as cataracts or macular degeneration later in life," Wells continued.

Treatment for UV related damage ranges from simple rest from sun exposure and artificial tear drops, to prescription medications and possible surgical consults.

Since it is not clear how much exposure to solar radiation will cause damage, prevention is the best defense, Wells said.

The EPA recommends wearing quality sun-

glasses that offer UV protection and wearing a hat or cap with a wide brim whenever you spend time outdoors. Also, certain contact lenses can provide additional UV protection.

To provide adequate protection for your eyes, sunglasses should block out 99 to 100 percent of both UV-A and UV-B radiation; screen out 75 to 90 percent of visible light; be perfectly matched in color and free of distortion and imperfection; and have lenses that are gray for proper color recognition.

"You only have two eyes, so protect them the best you can," Wells urged.

For more information about eye health and the dangers of UV rays, visit the EPA website www.epa.gov, or if you are experiencing problems with your eyes, please contact the WRB Optometry Clinic at 301-295-1339.

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Photo by Julie Smith

“The Chew” co-host Carla Hall shared her love of food with service members and their families at the USO, July 21.

CHEF

Continued from pg. 1

surprise for Tiffany, who is a huge fan of Hall.

“She (Hall) is always bubbly and fun and if we’re not at home watching her show, we’re recording it,” Midori said. “We love to cook, and Tiffany and I cook together a lot.”

Hall showed the group how to make a Dijon chicken dish accompanied by a salad with lemon vinaigrette. Class attendees were able to cook the dish themselves with the help of step-by-step guidance and instructions from Hall.

Army Capt. Daniella Mestyanek, who just returned from a deployment, was grateful for the chance to meet Hall.

“This was amazing to come here and cook with her. I’m glad I got the opportunity,” Mestyanek said.

Hall’s rise to fame as a food superstar is dramatic considering she didn’t attend culinary school until she was 30, after working as both an accountant and a model.

“I worked for Price-Waterhouse as a certified public accountant (CPA). As soon as I got my CPA, I was like, ‘Oh, I hate it. I think I’ll go model in Paris,’” Hall said.

It was there that she fell in love with food.

“Every Sunday in Paris, all of the models would have a brunch and I loved to eat but I never cooked,” Hall explained. “So I started buying cookbooks and I just became fascinated. Recipes are like puzzles. I would go to restaurants and try to figure out what

was in my dish and write it down in a journal.”

Hall was drawn back to Nashville when her mother suffered an illness. Once her mother recovered, she moved in with family members in Washington, D.C., where a serendipitous sequence of events led Hall to open a lunch delivery service she operated for five years before attending culinary school.

After culinary school, she worked as a sous chef and executive chef. In 2001, she opened her own catering company based in Silver Spring, Md., which she still heads. She was selected as a contestant for “Top Chef” in 2008 and returned to the show in 2010 for “Top Chef All-Stars.” She has also written two cookbooks.

Hall’s view is that food and bodies have a strong connection, and for those who are trying to heal, the right foods can help.

“Our bodies are basically like computers and they’re so smart, but we don’t listen to them. We have to listen and be in tune,” she explained. “Start with raw ingredients. When you’re trying to heal your body, it’s so important to let nature help you do that. Food is not the enemy.”

Hall concluded the event by offering dessert to the attendees – cookies from her petite artisan cookie line. She said she had a great time sharing her love of cooking with service members and family members at NSAB.

“The one thing that’s constant, whether it be accounting or modeling or theater, is I always wanted to be happy with what I did,” Hall said. “When you’re happy doing something then you can share that joy. The best thing you can do for people is to share the joy.”

For more news from other bases around the Washington, D.C. area,

visit www.dcmilitary.com.

COMFORT

Continued from pg. 7

what they've done in their lives. There's a lot of interesting people here," Healy explained.

Comfort Cart volunteer Dr. Inge Guen, neuropsychologist in the TBI and behavioral health unit at WRB, understands the impact of positivity on healing.

"[What] I want to instill in them is a positive attitude from the moment they see me. So the cart has become a very powerful instrument for me personally to bring peace, to bring hope," Guen said.

Sometimes staying and talking with patients or families for half an hour, Guen can recall moments when she had to remove her sweater because it was wet with the patient's tears.

Merriner, also familiar with the importance of healing through her work as a reiki practitioner, stresses the Comfort Cart's ability to make patients and families aware of everything the Red Cross has to offer.

"A lot of times people come in and they're not familiar with the hospital ... or they don't know where we're located and this gives them a point of reference, so outside of the Comfort Cart and the immediate things it can provide, it gives you a chance to connect with them on 'this is what the Red Cross does, this is what we're here for,'" she explained.

The Comfort Cart is only a small sampling of what the Red Cross at WRB has to offer to patients. On Friday morning, a patient requested a special item from the Red Cross office, which Guen delivered during her rounds with the Comfort Cart. Similarly, Merriner uses the Cart as a platform to advertise the amenities the Red Cross has to offer specifically to patients, such as laptops and video game consoles.

The Red Cross volunteers all concluded their work with the Comfort Cart and their encounters with pa-

tients were awesomely inspiring.

"I found out there is no other population of patients with this level of courage, this level of dignity and this level of resilience," volunteer Guen explained.

Davis agreed, noting he had the same experiences with the Comfort Cart.

"I've always felt it was one of the most worthwhile things I've ever done. It's good for the soul," comment-

ed Davis.

Aside from delivering basic necessities to patients, Guen said, "It's important to give compassion, it's important to give love and to give hope. And the cart gives me the platform to do that."

For more information on how to get involved with the American Red Cross at WRB, call 301-295-1538 or visit the Red Cross office on the second floor of Build-

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Have Medical Questions? Call the TRICARE Nurse Advice Line

From the Defense Health Agency

Have you ever been unsure about whether you should visit an emergency room and wished you could call someone for medical advice before making the trip?

If so, the Military Health System's (MHS) new Nurse Advice Line (NAL) for TRICARE beneficiaries in the continental United States, Alaska and Hawaii will be able to help you. The line will go live tomorrow, Aug. 1.

The NAL is a toll-free, 24/7 telephone line staffed by a team of registered nurses who are available to answer a variety of urgent health care questions. They can help you decide whether self-care is the best option or if it is better to see a health care provider. There will always be a



Courtesy photo

live-person on the line to address beneficiary concerns.

Beneficiaries can still call their primary care manager (PCM) or clinic, but the NAL is another option for beneficiaries to access the care they need and want

in a timely fashion, according to MHS officials. The NAL is accessible at 1-800-TRICARE (874-2273), Option 1.

Walter Reed National Military Medical Center Director Brig. Gen. (Dr.) Jeffrey B. Clark explained the medical cen-

ter is focused on providing beneficiaries patient-friendly access to care and the NAL is aligned with this initiative.

"Our mission at Walter Reed National Military Medical Center is to provide patient-friendly access to high quality health care for all we are privileged to serve — service members and their families; our retirees and their families," said Clark. "The Nurse Advise Line provides patient friendly access to high quality medical information, guidance for self-care and appointments, if necessary, for those we are privileged to serve. This is a benefit for our patients and for our mission success."

MHS officials add NAL offers a variety of solutions for all TRICARE beneficiaries. For pediatric issues, the NAL will route the beneficia-

ry to a pediatric nurse. If follow-up is necessary or requested, the NAL will call the beneficiary back to check the child's status a few hours later. The NAL will also make same-day appointments with the beneficiary's PCM for TRICARE Prime beneficiaries who are enrolled to Military Treatment Facilities (MTFs). If a same day appointment is not available, the NAL will re-direct the beneficiary to the closest urgent care center, and advise the PCM that an urgent care referral is needed so the patient does not have to worry about paying any point of service co-pays. All other TRICARE beneficiaries who are not enrolled to a MTF will receive professional health advice about their urgent health concern and when to seek urgent care.

When calling the NAL,


a customer service representative will verify the beneficiary's eligibility through the Defense Enrollment and Eligibility Reporting System. Beneficiaries with an acute health care concern or question will be connected with a registered nurse who will ask the beneficiary a series of standard questions to determine the next steps and allow the NAL nurse to provide the best advice possible.

The NAL is available to TRICARE beneficiaries using TRICARE Prime, TRICARE Prime Remote, TRICARE Prime Remote for Active Duty Family Members, TRICARE Standard and TRICARE Extra, TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult and TRICARE For Life.

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SMILE

Continued from pg. 6

them with WRNMMC resources, identify community resources, provide counseling to the children and/or parents, and educate the families about long term care planning, when appropriate.

Craniofacial team member, Lenora C. Freeman, a licensed clinical Washington, D.C. and Maryland social worker, holds the highest licensure achievable in social work, which allows her to provide therapy and direct counseling in the plastic surgery clinic.

Freeman explained why some parents might feel overwhelmed if their child has CFD. "The usual reaction from parents varies depending on whether the craniofacial disorder is part of a larger disorder/syndrome or is just an isolated event," she said. "I would say that the parents' usual reaction is the fear of the unknown and how the disorder will affect their child, short term

and long term," Freeman said.

Children with craniofacial disorders may require specialized care/services provided by a skilled professional. Thus, parents must adjust their schedules to accommodate the child's treatment regimen.

"This is difficult when both parents have obligations outside of the home, when there are other children, when the child has frequent hospitalizations, and when the family lacks an accessible support network," Freeman said. CFDs not only affect the parents and the child with the disorder, but the entire family, Freeman continued.

"Siblings often feel neglected by the attention given to the child with the disorder due to the change or disruption in the family's routine," she said. "Having a child with a craniofacial disorder also evokes a considerable degree of guilt, primarily from the mothers who feel somehow responsible for the child's disorder."

Children with craniofacial disorders may also experience social stigma, such as bullying or teas-

ing, Freeman added. "This affects his or her self-esteem," she said. "Identifying a support group where the child can freely express his or her feelings is an important outlet."

Freeman went on to note social workers routinely assess the stability of the child's family unit to evaluate how well it functions and then offer counseling and a referral accordingly.

"The stability of the child's family is a determinant of how well the child will cope." WRNMMC and Naval Medical Center Portsmouth are the only two accredited craniofacial teams in the Department of Defense. WRNMMC provides care to all beneficiaries and their family members, whether stationed in the Washington Metropolitan Area, the rest of the nation or overseas in Hawaii or Korea.

For more information, call Sylvia Hill at 301-295-8738, or visit the website <http://www.cdc.gov/ncbddd/birthdefects/features/craniofacialdefects.html>



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